ADUR & WORTHING
COUNCILS

**Revenues & Benefits**

Adur & Worthing Councils
Portland House
44 Richmond Road
Worthing
West Sussex, BN11 1HS
www.adur-worthing.gov.uk

Dear Customer

## Council Tax: Students

Information has been received indicating that you are a student. Certain groups of individuals are disregarded for the purpose of Council Tax provided that they meet all the following criteria:-

### Full Time Students

a) Must be attending a prescribed educational establishment
b) Must be undertaking a course of education which lasts for at least one academic year
c) Must be required to attend the course for at least 24 weeks per year
d) Must be required to study for an average of 21 hours per week, when in attendance
e) Must produce a certificate issued by the college, or place of study, confirming the above

### Students under 20 years of age who are on a qualifying course

a) Must be attending a prescribed educational establishment
b) Must be undertaking a course of education which lasts for at least 3 calendar months
c) Must not be taking a course of higher education
d) The course must require at least 12 hours per week to be spent on the relevant activities of the course

### Foreign Language Assistants

a) Must be registered with the Central Bureau for Educational Visits and Exchanges
b) Must be appointed at a school or other educational establishment in Great Britain

### Student Nurses

a) Must be on a full time course of education at college or university as above, or
b) Taking a course which will lead to an appropriate registration under the Nurses, Midwives and Health Visitors Act 1979

You should complete Section One overleaf and arrange for Section Two to be completed by the college/university. The form should then be returned to the address shown above.

Please note that if you qualify for a reduction in your Council Tax because you're a student under twenty years old undertaking a qualifying course and you subsequently start a course of

Higher Education, you should contact the Customer Service team on the number below to request a further form to be completed by your new college or university.

I hope that this letter clarifies the situation and look forward to hearing from you shortly. However, if you have any queries about this matter please contact the Customer Service team on 01273 263111 (if you're an Adur resident) or 01903 221061 (if you're a Worthing resident).

Yours sincerely

Paul Tonking
Head of Revenues & Benefits

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# ***Application for a student to be disregarded for Council Tax***

**Section One -** to be completed by the student

| | |
|---|---|
| Surname: | |
| Forenames: | |
| Date of Birth: | |
| Home address: | |
| Council Tax Account Number: | |
| Total number of over 18 year-olds living at this address: | |
| Number who are full time Students: | |
| Term-time addresses of the students, if different from the address above: | |
| Total number of over 18 year-olds living at the term-time address(es): | |
| Number of over 18 year-olds living at the term-time address(es) who are full time students: | |
| Your telephone number: | |
| Name and address of the educational establishment(s) that the students attend: | |
| Is the course Further or Higher Education: | |

| | | | |
|---|---|---|---|
| Course Code: | | Name of the course: | |
| Course start date: | | Course end date: | |

| | |
|---|---|
| Period spent at educational establishment or on work experience: | |
| Number of years that the course lasts for: | |
| Number of academic weeks in each year: | |
| Number of hours per week required for both tuition and study: | |

**WARNING**

To give false information could result in civil penalties being imposed and prosecution.

**DATA PROTECTION**

Adur & Worthing Councils are the data controllers for the purposes of applicable data protection legislation in relation to administering Council Tax. Full details about how your personal data is used are available at www.adur-worthing.gov.uk/council-tax/privacy-notice.

**Declaration**

**I declare that the details stated in this application are true and accurate to the best of my knowledge and belief.**

**I understand that I must notify the Revenues & Benefits Service immediately about any change in my circumstances that may affect my application for the discount/exemption.**

| | | | |
|---|---|---|---|
| **Signature** | | **Date** | |

***Section Two of the form (on page three) must be completed by the Certification Officer before you return Section One.***

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## ***Application for a student to be disregarded for Council Tax***

**Section Two -** to be completed by the Certification Officer at the college or university

| | |
|---|---|
| Student name: | |
| Date of birth: | |
| Name of the course that they're studying towards: | |
| Course code: | |
| Number of years that the course lasts for: | |
| Course start date: | |
| Course end date: | |
| Current year of study: | |
| Number of weeks in the academic year: | |
| Number of hours per week required for both tuition and study: | |

**Certification Officer's signature:** **Date:**

**Certification Officer's full name:**

Name and address of college/university:

Official Stamp: